



UST Compliance Inspection Checklist Underground Storage Tank Program

LEAK DETECTION

PERMIT ID #: _____

☐ IC & TTT ☐ Annual ☐ Every 5 yrs.

Test Date: _____

☐ 1/8th stick

☐ Water check

☐ Stick daily

☐ Reconcile monthly

☐ ATG: Records Available _____

☐ MTG: Records Available _____

☐ MTG & TTT: Records Available _____

Test Date: _____

☐ SIR: Records Available _____ : Vendor _____

☐ Vapor Monitor: Records Available _____

☐ Ground Water Monitor: Records Available _____

☐ Interstitial Monitor: Records/Sensor Check Record _____

PRESSURE PIPING

SUCTION PIPING

☐ Annual Line Test

Test Date: _____

☐ Mechanical LLD

Function Check Date: _____

☐ Electronic LLD / ATG: Records Available _____

Function Check Date: _____

☐ Vertical Check Valve

☐ 3 Year Test

Test Date: _____

☐ SIR

☐ Interstitial

Sensor check/visual check records _____

☐ Other: _____

CORROSION PROTECTION

SURVEYS

☐ Cathodic protection on metal systems

☐ Impressed Current - 60-day log maintained _____

☐ Sacrificial Anode

Dates of last two system tests : _____

☐ Interior lining: Internal Inspect Date: _____

☐ CP plus interior lining (internal inspect n/a)

☐ Vents _____

☐ ASTs _____

☐ Wells _____

☐ Vapor Recovery _____

SUPPLIER INFORMATION

INSPECTION SCHEDULING

Name:

Contact Name:

Address:

Time/Date:

Phone:

Date of Insp.:

Comments: _____

Inspector Signature: _____

Date: _____

Financial Responsibility Cert. ☐

Registration Certificate ☐